

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2					
4	①		①			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1					
10	1					
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	3		1			
24	1		1			
25	④		5			
26	1					
27	1					
28	1					
29	1		1			
30	9					
31	2					
32	2					
33	2					
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1					
39	1					
40	1					
41	1					
42	1		1			
43	1					
44	1		1			
45	3		1			
46	3		1			
47	3		1			
48						
49						
50						
TOTAL IND.	4		3			
TOTAL DEP.	56		39			
TOTAL CLAIMS	60		39			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS